

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400761707

Date Received:

12/31/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☐ Final completion ☒ Preliminary completion

OGCC Operator Number: 10447

Contact Name: JENNIFER LIND

Name of Operator: URSA OPERATING COMPANY LLC

Phone: (720) 508-8362

Address: 1050 17TH STREET #2400

Fax:

City: DENVER State: CO Zip: 80265

API Number 05-045-19959-00

County: GARFIELD

Well Name: Frei

Well Number: A3

Location: QtrQtr: Lot 10 Section: 7 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 483 feet Direction: FSL Distance: 893 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: KOKOPELLI

Field Number: 47525

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/03/2014 Date TD: 02/04/2014 Date Casing Set or D&A: 02/05/2014

Rig Release Date: 02/05/2014 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 1054 TVD** Plug Back Total Depth MD 1044 TVD**

Elevations GR 5596 KB 5611 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

WILL BE PROVIDED WITH FINAL FORM 5 SUBMITTAL.

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	17+1/2	16	75	0	60	70	0	60	VISU
SURF	12+1/4	8+5/8	32	0	1,044	280	0	1,044	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Operator Comments

PRELIMINARY FORM 5 BEING SUBMITTED TO BRING THIS WELL INTO COMPLIANCE WITH RULE 308A. THIS WELL HAS SURFACE CASING SET ONLY. DRILLING OPERATIONS WERE SUSPENDED ON 2/7/2014 DUE TO OUR PRODUCTION RIG DRILLING SCHEDULE. URS A PLANS TO REOCCUPY THE FREI PAD IN Q3 OF 2016 TO COMMENCE DRILLING OF THE PRODUCTION HOLES ON THE REMAINING PERMITTED WELLS (PLEASE NOTE THAT OUR 2016 DRILLING PROGRAM IS SUBJECT TO CHANGE DUE TO LOW COMMODITY PRICE ENVIRONMENT). AS-DRILLED COORDINATES, FINAL BOTTOM HOLE LOCATION AND ALL OTHER MISSING INFORMATION WILL BE PROVIDED ON THE FINAL FORM 5.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: JENNIFER LINDTitle: REGULATORY ANALYSTDate: 12/31/2014Email: JLIND@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400761714	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400761707	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Passes permitting. Corrected the Date TD, Date Casing Set, & the Date Rig Released per Operator request.	9/17/2015 10:22:18 AM

Total: 1 comment(s)